HP-400 (1/7/04)

Virginia Department of Motor Vehicles Hauling Permits Section (804) 497-7135 – General Information (804) 786-2787 – Order Permits by phone (804) 367-0063 – Fax Line

Single Trip Application

Applicant/Company:				FOR DMV USE ONLY Permit Number:			
				ee:	Mileage F	Fee:	
• • • • • • • • • • • • • • • • • • • •				Check Number: Total:			
. Federal I. D. Number or SSN:							
						_ ,	
-							
_							
_				transporting	g undercarriag	ge permanently attached	
housing unit?	☐ Yes ☐ I	NO (check appropriate resp	oonse)				
a self-propelled	truck crane w	hat is the width meas	sured from outsid	le of tire to	outside of tire	?	
verall dimension	s: Weight: _	Heig	ht:feet	inches	Width:	feetinches	
ength: _{feet}	inches	Overhang: Fro	ontfeet	inches	Rear:	feetinches	
						\neg	
		_	Spacin	Spacing Between Axles			
	Axle 1	(1.00.)	Axle #	Feet	Inches		
	Axle 2		1 to 2				
	Axle 3		2 to 3				
						_	
						_	
	Totals						
Manufacture	d/mobile hor	nes, add a \$1.00 flat i	mileage fee if the	e manufactu	ured/mobile ho	ome exceeds statutory	
	e: ()ederal I. D. Numlem to be moved: rigin: (starting point estination: (ending esired Route(s) cactor/truck license or Sthat weight is vehodular/Mobile housing unit? [a self-propelled everall dimension ength:feet	State: State:	State:	State: Zip: Expiration: Expiration: State: Zip: Expiration: Expiration: State: Zip: Expiration: Expiration: Check Moderal I. D. Number or SSN: Permit If the method be moved: Hazingin: (starting point / intersecting routes / county): Sestination: (ending point / intersecting rou	State: Zip: Expiration Date:	State: Zip: Effective Date: Expiration Date:	